U.S. Department of Labor Office of Lebor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or cost penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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5				
P O Box, Building and Room Number, if any				
Street 2425 DELAWARE AVENUE				
Chy DES MOINES				
17-3581				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)				

Name of Person Filing JAMES GILES		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any).	9 Business deals with			
Name				
Trade Name, if any	a Labor Organization b Trust c. Employer			
PO Box, Bidg , Room No , if any				
Street				
City				
State ZIP Code + 4				
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name, if any				
PO Box, Bldg., Room No., if any				
Street	11 b Approximate dollar val	un of euch deallag	-0-	
Chy	12 a Nature of interest held or income received			
State ZIP Code + 4				
	12 b Amount0-			
	12 b Amount.			
C Received from any employer (other than an employer covered under parts A and B above) or from any tabor relations consultant to an employer any payment of money or other thing of value				
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a. Nature of payment.			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street				
City				
State ZIP Code + 4				

The transactions, dealings and interests that are reported in the attached Form LM -30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

James Dela Stenature

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